## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/17/2010	Address:	826 Licoln ave Lot 18
Case #:	34F36057		Rockport, IN
County:	Spencer		
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o  Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s): Kitchen  Red Phosphorous/Iodine Reaction(s):  Flammable Solvents: Kitchen  Water Reactive Metal (Lithium):  Anhydrous Ammonia:  Hydrochloric Acid Gas Generator(s):  Corrosive Acid:  Corrosive Base:  Other (item and location):			
Child under age 18 discovered       (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking Log         ☐ No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☐ Other: Criminal Investigation         This report is to be faxed to the following agencies that serve the location:         Fire Department: Rockport       Fax: Fax: 812-649-6047         Health Department: Spencer Co       Fax: 812-649-5839         Child Protection Service: Spencer Co			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>David Qualkenbush</u> Phone <u>812-482-1441</u>			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.